

AUTHORISATION FORM 2016 2017

Less than 50 Employees

We, the undersigned, submit this information in fulfilment of this entity's legal obligation in terms of the skills development legislation and regulations. We declare that, to the best of our knowledge, the information contained in the WSPIR is accurate and up to date. We recognise that any inaccurate statement in this document may constitute fraud and be subject to the full penalty of the law.

SDL/T- Number: _____

Designated Signatories:

	NAME AND SURNAME	TELEPHONE NUMBER	ORIGINAL SIGNATURE	DATE
The person who completed the WSPIR (SDF)				

Authorised Signatories:

	NAME AND SURNAME	TELEPHONE NUMBER	ORIGINAL SIGNATURE	DATE
CEO / Managing Director / Owner				